## STATE OF NEW HAMPSHIRE

#### 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s	<sub>s)</sub> James J. Bianco, Jr.; Adam S	Schmidt; Karen Soucy;	Kathy Corey Fox
-	s partnership, firm or corporation, if a	ny:	
	sional Association		
	ne of partnership, firm or corporation)		
18 Centre Str	eet Concord	NH	03301
Business Address: (Str	reet) (Town/City)	(State)	(Zip Code)
(603) 225-7170 (Telephone)	(603) 226-0165 (Fax)	e-mail_attys@l	piancopa.com
	vers: (Choose one – file separate repor ansactions which are not attributable		ay file a separate report fo
X All reportable trans	sactions occurring in the months prior to	the reporting date relative to the	ne following client:
WellCare Health	h Plans, Inc.		
OD	(Full Name of Client as it appears on the Lo	bbyist Registration Form)	
OR ☐ All reportable trans unrelated to any particular.	actions by the lobbyist (including the lob ular client.	byist's family), or the lobbyin	g firm listed below which are
IV. Date of Report	April 26, 2017 🗶	July 26, 2017	
-	ity from date of registration to 3/31/17	activity from 4/1/17 to 6/30/12	7
	October 25, 2017	January 31, 2018	1.07
•	activity from 7/1/17 to 9/30/17	activity from 10/1/17 to 12/3	/1/
	no fees received and no reportable complete just this form and submit it to the		
VI. Check if addition	al reports are attached:		
	ed fees or made expenditures, you must f	ile <b>Addendum A</b> – Fees and E	xpenses
	n honorarium or reimbursed expenses, yo		
•	or your family has made political contrib	utions, you must file Addendi	ım C- Political Contribution
Sworn Statement/Affi I have read RSA 15, R and complete to the be-	irmation by Lobbyist SA 15 B, RSA 14-C and RSA 664 and he st of my knowledge and belief.	ereby swear or affirm that the	foregoing information is true
(Signature of lobbyist)		<u>4\2 \7</u>	to
	<b>!</b> !	(Da	
James J. Bianc			RECEIVED
(Print Name of lobbyis	st)		

APR 2 6 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

# PLEASE PRINT

## STATE OF NEW HAMPSHIRE

#### Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) James J. Bianco, Jr., Adam Schmidt, Karen Se	oucy, Kathy Corey Fox
II. Name of lobbyist's partnership, firm or corporation, if any:	
Bianco Professional Association	
(Name of partnership, firm or corporation)	Data 04/26/17
III. Name of Client WellCare Health Plans, Inc.	Date O 1723/17
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a) \$
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$ <u>0</u> ear)
c) Total of all fees received to date (Add lines a and b)	c) \$10,625
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$625
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to reffecs. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of the Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a busines ses than \$10 that is given to the person and with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of the er than \$25, but not greater than \$50 the expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$11,250
b) Total aggregate of expenditures during this reporting period , not reported in a), of \$25 or lcss.	b) \$0
c) Total of all itemized expenditures reported in detail in section VI.	c) \$0

d) Total expenses for this reporting period	d) \$
(Add lines a, b and c)	•
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$11,250
VI. Other Expenses:  Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$ \$
	\$
	\$
***************************************	
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
	04/26/17
(Signature of lobbyist)	(Datc)
James J. Bianco, Jr.	
(Print Name of lobbyist)	

**v** 

#### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

# Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm	, or corporation: Bianc	o Professional A	Association
Name of Client (leave blank if States			
particular client): WellCare Heal	lth Plans, Inc.		
Date of Report (check one):			
April 26, 2017 ▼ July 26, 20	017 □ October 25,	2017 □ Janua	ary 31, 2018 □
I have read RSA 15, RSA 15-B, RS the following Addendums submitted submitted:  Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm that the forcomplete to the best of my knowledg  Augustian (Signature of lobbyist)		he Statement and ea	Addendum is true and
Adam Schmidt			
(Print Name of lobbyist)			

#### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

# Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or	ame of Lobbying partnership, firm, or corporation: Bianco Professional Association		
		firm, or corporation and not related to any	
particular client): WellCare Health	Plans, Inc.		
Date of Report (check one):			
April 26, 2017 🔀 July 26, 2017	□ October 25, 201	17 □ January 31, 2018 □	
		acome and Expenses described above, and ert the number of Addendum forms being	
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm that the forego complete to the best of my knowledge a	_	Statement and each Addendum is true and	
(Signature of lobby st)		(Date)	
Karen Soucy			
(Print Name of lobbyist)			

#### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

# Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm,	or corporation: Bianco	Professional Association
		o, firm, or corporation and not related to any
particular client): WellCare Healt	h Plans, Inc.	
Date of Report (check one):		
April 26, 2017 🕱 July 26, 201	7 □ October 25, 20	017 □ January 31, 2018 □
		Income and Expenses described above, and sert the number of Addendum forms being
Addendum B(s).		
Addendum C(s).		
I hereby swear or affirm that the fore complete to the best of my knowledge		e Statement and each Addendum is true and
(Signature of lobbyist)	<u> </u>	4 April 2017 (Date)
Kathy Corey Fox		
(Print Name of lobbyist)		